



# LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

Physical Address: 630 Camp Street, New Orleans, LA 70130

Mailing Address: P.O. Box 30250, New Orleans, LA 70190-0250

Phone: (504) 568-6820; Fax: (504) 599-0503

A physician assistant licensed in Louisiana, prior to initiating practice, shall submit, on forms approved by the Board, notification of such intent to practice. Such notification shall be deemed effective as of the date received by the Board, subject to final approval at the next meeting of the Board.

## ***NOTIFICATION OF INTENT TO PRACTICE AS A PHYSICIAN ASSISTANT***

**Name of Supervising Physician**

**If group practice, Name of group**

**Business Address**

**Telephone Number**

**Specialty**

<input type="text"/>	<input type="text"/>
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\_\_\_\_\_  
**Supervising Physician Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Physician Assistant**

**License Number**

**Date Issued**

<input type="text"/>	<input type="text"/>
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**Business Address**

**Telephone Number**

**Date of Employment**

\_\_\_\_\_  
**Physician Assistant Signature**

\_\_\_\_\_  
**Date**